

Case Number:	CM14-0060207		
Date Assigned:	07/09/2014	Date of Injury:	04/25/2013
Decision Date:	09/10/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	05/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old female who reported an industrial injury on 4/25/2013 attributed to a trip and fall in the office. The patient reported pain to the left side, bilateral hands, left knee, left hip, low back, and the neck. The patient complained of continued lower back pain radiating into her bilateral lower extremities with associated numbness and tingling. The objective findings on examination included antalgic gait; tenderness palpation to the cervical facet C5-C7; positive cervical facet loading test; lumbar paraspinal tenderness; positive SLR on the right; decreased sensation to the right leg. It was noted that the MRI of the lumbar spine demonstrated herniated disc including L5-S1 with right sided foraminal stenosis. The diagnoses included lumbar radiculopathy; cervical myofascial pain; and cervical facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 179-80, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter-lumbar spine ESI.

Decision rationale: The patient does meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain without radiation to the lower extremity. The requested ESI is directed to lumbar spine DDD. There is no documented rehabilitation effort. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues.

Norco 10/325 mg:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116; Official Disability Guidelines (ODG) pain chapter-opioids.

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 10/325 mg for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury over 17 months ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for mechanical back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg is not demonstrated to be medically necessary.

Flexeril 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47; 128, Chronic Pain

Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine.

Decision rationale: Cyclobenzaprine is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 7.5 mg for the effects of the industrial injury.